

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-030497  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. \_\_\_\_\_ Registrar's No. 48

FILED AUG 20 1962

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dallas</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Lincoln</u>   |   | c. CITY OR TOWN <u>104RS</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |   | d. STREET ADDRESS (If outside, give location)<br><u>3mi East Urbana</u>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Russell</u> Middle <u>Raymond</u> Last <u>Wright</u>  |   | 4. DATE OF DEATH<br>Month <u>Aug</u> Day <u>3</u> Year <u>1962</u>  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12-14-1907</u>                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>BARBER</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Newburg, Mo</u>   |  |
| 11. BIRTHPLACE (City and state or country)<br><u>Newburg, Mo</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>  |  |
| 13a. FATHER'S NAME<br><u>John Wright</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Alice McCain</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |   | 17. INFORMANT<br><u>Lorraine Wright</u> Address <u>Urbana, Mo</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cornary embolism</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   |  |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |   |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____  |  |
| 21. I attended the deceased from _____ her alive on _____<br>Death occurred at <u>4 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br><u>C O Bailey</u>   |   | 22b. ADDRESS<br><u>Urbana Mo</u>  |  |
| 22c. DATE SIGNED<br><u>8/4/62</u>   |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>8-6-1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Newburg Cem.</u>   | 23d. LOCATION (City, town, or county)<br><u>Newburg, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Allen W. Vaughan</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>8/17/1962</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Mrs Vera Plutsk</u>   |   |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

0300

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1290-2

131-0

AUG 28 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Allen W. Vaughan*

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.